

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-470)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			NO.	DEF.	NO.	DEF.	NO.	DEF.
	NO.	DEF.	NO.	DEF.	NO.	DEF.							
1							61						
2							62						
3							63						
4							64						
5							65						
6							66						
6							67						
7							68						
8							69						
9							70						
10							71						
11							72						
12							73						
13							74						
14							75						
15							76						
16							76						
16							77						
17							78						
18							79						
19							80						
20							81						
21							82						
22							83						
23							84						
24							85						
25							86						
26							87						
27							88						
28							89						
29							90						
30							91						
31							92						
32							93						
33							94						
34							95						
35							96						
36							97						
37							98						
38							99						
39							100						
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
51													
52													
53													
54													
55													
56													
57													
58													
59													
60													
TOTAL NO.	5						TOTAL NO.						
TOTAL DEF.	13						TOTAL DEF.						
TOTAL	18						TOTAL						